

CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY APPLICATION FOR ADULT CARE CENTER PARTICIPANT

PART 1 – ADULT'S NAME

(Please complete only one application form per adult) : _____

Last

First

MI

Date of Birth

PART 2A – HOUSEHOLDS WHICH ARE CURRENTLY RECEIVING FOOD STAMPS (FS) OR SSI ASSISTANCE (If your household is now receiving benefits under one or both of these programs, complete this part and sign the statement in Part 3 - Do not complete Part 2B.)

FS Case No.: _____ SSI Case No.: _____

PART 2B – ALL OTHER HOUSEHOLDS (If no information is entered in Part 2A above, complete this part and sign the statement in Part 3.)

Enter below the name of the adult participant, and his or her spouse and/or any other individual(s) who reside with the participant and who depend on the participant for economic support. If you need more space, use a separate piece of paper. Use Line 1 to identify the individual enrolled in the adult day care center.

Names of All Household Members	Earnings from Work (Before Deductions)	Child Support, Alimony or Other Income	Payments Received from Pensions, Retirement, Social Security
1.	\$ _____ per month	\$ _____ per month	\$ _____ per month
2.	\$ _____ per month	\$ _____ per month	\$ _____ per month
3.	\$ _____ per month	\$ _____ per month	\$ _____ per month
4.	\$ _____ per month	\$ _____ per month	\$ _____ per month
5.	\$ _____ per month	\$ _____ per month	\$ _____ per month

(Monthly income conversion: Weekly x 4.33; Every 2 Weeks x 2.15; and Twice A Month x 2) Total Monthly Income: \$ _____

PART 3 – SIGNATURE (The signature of the adult participant or other authorized individual is required.)

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamps and/or SSI case numbers are correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Printed Name of Adult:	Social Security Number:	Home Telephone:
Street:	City:	State and Zip Code:
Signature of Adult:		Date:

PART 4 – ETHNIC/RACIAL IDENTITY (You are not required to answer this question.):

For Ethnicity, please check one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino (*Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*)

For Race, please check one or more of the following: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White (*American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*)

FOR INSTITUTION OR SPONSOR STAFF USE ONLY:

Eligibility Classification: ☐ Free ☐ Reduced-Price ☐ Paid Classification Basis: ☐ Cat. Eligible ☐ Income Eligible

Determining Official Signature: _____ Date: _____

INCOME ELIGIBILITY APPLICATION INSTRUCTIONS

PART 1A - PARTICIPANT INFORMATION: All HOUSEHOLDS COMPLETE THIS PART.

- (1) Print the name of the adult enrolled at the adult care facility.

PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS OR SSI ASSISTANCE: COMPLETE THIS PART AND PART 3.

- (1) List your current Food Stamps or SSI case number for your household. Do not complete Part 2B.
- (2) The adult participant or other authorized household member must sign the statement in Part 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount and the frequency of income (i.e, weekly, every two weeks, twice a month, monthly) received last month for each household member. This income is the amount before taxes or any deductions are made. Also, indicate the source of the income. Refer to examples below for income to report.
- (3) An adult household member must sign and give his/her Social Security Number in PART 3.

INCOME TO REPORT

<u>Earnings from Work</u>	<u>Retirement/Social Security</u>	<u>Other Income Sources</u>	<u>Child Support/Alimony</u>
Wages/salaries/tips	Pensions	Disability benefits	Alimony/child support
Strike benefits	Supplemental Security Income	Cash withdrawn from savings	benefits/payments
Unemployment benefits	Retirement income	Interest/dividends	
Worker's Compensation	Veteran's payments	Income from estates/trusts/investments	
Net income from self-employment	Social Security Income	Regular contributions from persons not living in the household	
		Net royalties/annuities/net rental income	

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part.

- (1) The adult participant or other authorized household member must sign the certification statement. If a functionally impaired or elderly adult is not able to complete an application for himself or herself, an adult family member or guardian may complete the application. However, if the participant is unable to complete the application and if no adult family member or guardian is available, the center's staff may complete the application on the participant's behalf only if the participant is categorically eligible for free meals. The participant's file must contain documentation of his or her categorically eligibility. If the signature is provided by an individual other than the adult for whom the application is being made, a written statement that outlines the circumstances must be attached to the application.
- (2) The adult household member who signs the statement must include his/her Social Security Number. If he/she does not have a Social Security Number, write "none". If you listed a Food Stamps or SSI case number, a Social Security Number is not needed.
- (3) The income eligibility application is valid for one calendar year from the date of the signature of the Determining Official. You will be contacted by the staff of the CACFP Sponsoring Agency to update the information contained in this application before the close of the eligibility period. The staff of the CACFP Sponsoring Agency is required to verify and certify the eligibility of your household every 12 months. Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamps or SSI case number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamps or SSI office to determine current certification for receipt of Food Stamps or SSI assistance, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH. You are **not required** to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

No person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the CACFP on the grounds of race, color, sex, age, disability, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

**CHILD AND ADULT CARE FOOD PROGRAM
SAMPLE HOUSEHOLD LETTER FOR
NONPRICING ADULT CARE CENTER**

Dear Household Member:

This adult care facility participates in the Child and Adult Care Food Program (CACFP) which is administered by the Tennessee Department of Human Services and funded by the U.S. Department of Agriculture. The CACFP provides reimbursements to our facility for the costs of serving nutritious meals to all enrolled adults. This allows our facility to better serve the adult member of your household who is enrolled at our facility.

As provided by the program's regulations, the amount of reimbursement that we may receive for our meal services is dependent upon the income eligibility of the enrolled adults. The eligibility categories for enrolled adults are free, reduced-price and paid. The highest meal reimbursement is provided for adults who are eligible for the free meal category. The lowest meal reimbursement is provided for adults who are placed in the paid meal category. The eligibility of each enrolled adult must be updated at least once each year.

To determine the amount of meal reimbursements for our facility, we need your assistance. You will find attached a copy of an income eligibility application and income guidelines for the reduced-price meal category. Please use the instructions on the back of the application to complete and return it to our facility. All income eligibility applications that are received for enrolled adults are placed in secured files at our facility and treated as confidential information. The information given on the application may be verified by authorized state and federal officials.

If the enrolled adult now receives benefits under the Food Stamp or Supplemental Security Income (SSI) Programs, you do not have to enter any income data on the application. If these benefits are received, please only provide the case number for the Food Stamp or SSI assistance, and the name of the enrolled adult. If more than one adult from your household is enrolled at our facility, please complete a separate application for each adult. Also, please have the enrolled adult or other authorized person sign and date the application. Please note that if the benefits under the Food Stamp or SSI Programs are terminated for the enrolled adult, our facility must be notified by the enrolled adult or authorized household member.

If benefits under the Food Stamp or SSI Programs are not received, please provide income information for all household members who reside with the adult participant and who depend on the adult participant for economic support. Do not enter any information on the application for those household members who do **not** depend upon the adult participant for economic support. If the household income is equal to or less than the attached income guidelines, the enrolled adult is eligible for the free or reduced-price category. The loss of income through the unemployment of any members of your household or family may qualify the enrolled adult for the free or reduced-price meal category during the period of unemployment.

Please be sure that the enrolled adult or other authorized person signs and dates the application, and returns it by _____ to _____.

The meal services provided by this facility are available to all enrolled adults regardless of race, color, national origin, sex, disability, or age. If you believe that you or an enrolled adult from your household have been discriminated against, please immediately write to one or both of the following addresses:

U.S. Department of Agriculture
Director of Office of Civil Rights
Whitten Building, Room 326-W
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: (202) 720-5964 (Voice and TDD)

Tennessee Department of Human Services
Child and Adult Care Services
400 Deaderick Street
Nashville, Tennessee 37248-9500
Telephone (615) 313-4749

You may also file a complaint with our facility. Complaint forms and procedures are available from our facility upon request.

Sincerely,

Name of Title of Facility Representative

Date

Attachments: Income Eligibility Application
Income Eligibility Guidelines for Reduced-Price Meals

**CHILD AND ADULT CARE FOOD PROGRAM
SAMPLE HOUSEHOLD LETTER FOR
PRICING ADULT CARE CENTER**

Dear Household Member:

This adult care facility participates in the Child and Adult Care Food Program (CACFP) which is administered by the Tennessee Department of Human Services and funded by the U.S. Department of Agriculture. The CACFP provides reimbursements to our facility for a portion of the costs of serving nutritious meals to all enrolled adults. This allows our facility to better serve the enrolled adult from your household.

The enrolled adult from your household may purchase the lunch/supper meal for _____ cents, the breakfast meal for _____ cents, and snacks for _____ cents. If the enrolled adult now receives benefits under the Food Stamp or Supplemental Security Income (SSI) Programs **or** the total income for all household members who reside with the enrolled adult and who depend on the enrolled adult for economic support is at or below the level identified for your household size in the attached income eligibility guidelines, the enrolled adult is eligible for either a free meal (at no charge), or a reduced-price meal at _____ cents for lunch/supper, _____ cents for breakfast, and _____ cents for snacks.

To apply for free or reduced-price meals, a copy of an income eligibility application is attached. Please use the instructions on the back of the application to complete and return it to our facility. Your application will be placed in a secured file at our facility and treated as confidential information. The application may be verified by authorized state and federal officials.

If the enrolled adult now receives benefits under the Food Stamp or Supplemental Security Income (SSI) Programs, you do not have to enter any income data on the application. If these benefits are received, please only provide the case number for the Food Stamp or SSI assistance, and the name of the enrolled adult. If more than one adult from your household is enrolled at our facility, please complete a separate application for each adult. Also, please have the enrolled adult or other authorized person sign and date the application. Please note that if the benefits under the Food Stamp or SSI Programs are terminated for the enrolled adult, our facility must be notified by the enrolled adult or authorized household member.

If benefits under the Food Stamp or SSI Programs are not received, please provide income information for all household members who reside with the adult participant and who depend on the adult participant for economic support. Do not enter any information on the application for those household members who do **not** depend upon the adult participant for economic support. If the household income is equal to or less than the attached income guidelines, the enrolled adult is eligible for the free or reduced-price category. The loss of income through the unemployment of any members of your household or family may qualify the enrolled adult for the free or reduced-price meal category during the period of unemployment.

Please be sure that the enrolled adult or other authorized person signs and dates the application, and returns it by _____ to _____.

The meal services provided by this facility are available to all enrolled adults regardless of race, color, national origin, sex, disability, or age. If you believe that you or an enrolled adult from your household have been discriminated against, please immediately write to one or both of the following addresses:

U.S. Department of Agriculture
Director of Office of Civil Rights
Whitten Building, Room 326-W
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: (202) 720-5964 (Voice and TDD)

Tennessee Department of Human Services
Child and Adult Care Services
400 Deaderick Street
Nashville, Tennessee 37248-9500
Telephone (615) 313-4749

You may also file a complaint with our facility. Complaint forms and procedures are available from our facility upon request.

Sincerely,

Name of Title of Facility Representative

Date

Attachments: Income Eligibility Application
Income Eligibility Guidelines for Reduced-Price Meals